

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Values are Vital		FEC IDENTIFICATION NUMBER ▼ C C00552422	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Axiom Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 1251 NW Briarcliff Parkway Suite 85			Amount 28500.00		
City Kansas City	State MO	Zip Code 64116	Transaction ID : SE.4118		
Purpose of Expenditure Mailer		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 25 / 2014		
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 19 State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		

Full Name of Payee Axiom Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 1251 NW Briarcliff Parkway Suite 85			Amount 28500.00		
City Kansas City	State MO	Zip Code 64116	Transaction ID : SE.4122		
Purpose of Expenditure Mailer		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 25 / 2014		
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 19 State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	57000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman

[Electronically Filed]

Date

MM / DD / YYYY
03 / 06 / 2014

Signature